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**SUBSTITUTE SENATE BILL 6295**

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**State of Washington**

**68th Legislature**

**2024 Regular Session**

**By** Senate Health & Long Term Care (originally sponsored by Senators Dhingra, Gildon, Kuderer, Nobles, and Wagoner)

1 AN ACT Relating to creating a path to recovery for high users of  
2 behavioral health crisis and criminal justice systems; adding new  
3 sections to chapter 10.77 RCW; and creating a new section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** The legislature finds that:

6 (1) When the *Trueblood* diversion work group created the *Trueblood*  
7 diversion plan in 2015, it found that 67.5 percent of a *Trueblood*  
8 class member sample population had two to five previous referrals for  
9 competency services, and 21.9 percent had six or more referrals;

10 (2) Currently about 34 percent of *Trueblood* class members in King  
11 county received two or more referrals for competency services within  
12 the past 24 months;

13 (3) Additionally, in King county there are 175 class members with  
14 three referrals for competency services within the past 24 months,  
15 and 165 people with four or more referrals;

16 (4) To adequately serve the highest users of the competency  
17 system, supplemental funding and service enhancements to current  
18 system coordination is needed. Current gaps in resources and services  
19 include occupational therapists, designated nursing staff, medication  
20 prescribers, and access to permanent, low-barrier, supportive  
21 housing; and

1 (5) The goal of this policy is to add funding to each regional  
2 behavioral health administrative services organization that will be  
3 available to create an enhanced, integrated care approach to provide  
4 resources to people who cycle through the criminal court system, have  
5 frequent legal involvement, episodes of crisis, and who are likely to  
6 have future competency services. These funds will provide necessary  
7 services for the highest users of services within the *Trueblood*  
8 class.

9 NEW SECTION. **Sec. 2.** A new section is added to chapter 10.77  
10 RCW to read as follows:

11 (1) The department shall collaborate with the authority, managed  
12 care organizations, and behavioral health administrative services  
13 organizations within each regional service area to ensure that  
14 persons being discharged following a commitment under RCW 10.77.086  
15 or 10.77.088 have access to supplemental enhanced resources. The  
16 supplemental enhanced resources provided to the person must consist  
17 of a multidisciplinary team consisting of, at a minimum, a  
18 prescriber, substance use disorder professional, mental health  
19 professional, low-caseload case manager, and occupational therapist.  
20 The multidisciplinary team shall persist for at least six months  
21 following discharge and until the individual is able to meet their  
22 daily needs and is assessed as stable.

23 (2) The discharge planner at any facility where the person is  
24 committed for treatment shall coordinate with the receiving treatment  
25 provider to ensure the effectiveness of the supplemental enhanced  
26 resources provided in this section.

27 (3) Supplemental enhanced resources under this section must  
28 include assistance with housing, which may include housing vouchers  
29 if supportive housing is not available.

30 NEW SECTION. **Sec. 3.** A new section is added to chapter 10.77  
31 RCW to read as follows:

32 (1) The designated crisis responder must alert the behavioral  
33 health administrative services organization within each regional  
34 service area when the designated crisis responder encounters an  
35 individual who has had three or more criminal cases within the last  
36 three years where competency was raised or the cases were dismissed  
37 due to a finding of incompetency to stand trial. Upon being notified,  
38 the behavioral health administrative services organization must first

1 ascertain whether this individual qualifies for the forensic projects  
2 for assistance in transition from homelessness program. If the  
3 individual qualifies for the forensic projects for assistance in  
4 transition from homelessness program, the behavioral health  
5 administrative services organization must coordinate a warm hand off  
6 to the forensic projects for assistance in transition from  
7 homelessness program. For individuals not eligible for the forensic  
8 projects for assistance in transition from homelessness program, the  
9 behavioral health administrative services organization is responsible  
10 for establishing wraparound services through a multidisciplinary  
11 team. The high acuity multidisciplinary team shall provide access, at  
12 a minimum, to a prescriber, substance use disorder professional,  
13 mental health professional, occupational therapist, low-caseload case  
14 manager, and housing, which may include housing vouchers if  
15 supportive housing is not available.

16 (2) The multidisciplinary team shall persist for at least six  
17 months and until the individual is able to meet their daily needs and  
18 is assessed as stable.

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